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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | ORCL5643   |
| First Inventor         | GONEN-FRIEDMAN   |
| Title                  | Methods and Systems For Online Self-Service Receivables Management And Automated Online Receivables Dispute Resolution |
| Express Mail Label No. | EL 426 760 565 US  |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
  2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
  3. ☒ Specification [Total Pages (preferred arrangement set forth below)
    - Descriptive title of the invention
    - Cross Reference to Related Applications
    - Statement Regarding Fed sponsored R & D
    - Reference to sequence listing, a table, or a computer program listing appendix
    - Background of the Invention
    - Brief Summary of the Invention
    - Brief Description of the Drawings (if filed)
    - Detailed Description
    - Claim(s)
    - Abstract of the Disclosure
  4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets   - 5. Oath or Declaration [Total Pages   - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Form 2038

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_/\_\_\_\_\_

Prior application information:

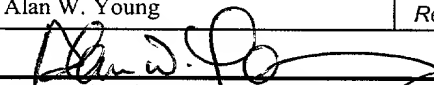
Examiner: \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**
☒ Customer Number or Bar Code Label  or ☒ Correspondence address below

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| Name (Print/Type) | Alan W. Young   | Registration No. (Attorney/Agent) | 37,970 |
| Signature         |  | Date                              | 2/6/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

|   |  |                          |                       |
|---|--|--------------------------|-----------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p> |  | <b>Complete if Known</b> |                       |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1316.00  |  | Application Number       | To Be Assigned        |
|   |  | Filing Date              | To Be Assigned        |
|   |  | First Named Inventor     | GONEN-FRIEDMAN, Editt |
|   |  | Examiner Name            | To Be Assigned        |
|   |  | Group Art Unit           | To Be Assigned        |
|   |  | Attorney Docket No.      | ORCL5643              |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |                           |          |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
|---|---|---------------------------|----------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---------------------|-----|--------|-----|--------|---|--------------|-----|--------------|-----|----------------|--|----------|-----|-----|---------|-----|---|----|-----|-----|-----|-----|--|---|-----|-------|-----|-----|---|--------------------|-----|-------|-----|-----|--|--|-----|---------------------------|-----|-----|------------------|-----------------|----------|----------|----------|----------|--|-----|-----|-----|-----|------------------------|--------------------------|-----|-----|-------|-----|-----------------------------------|---|-----|-----|-----|-----|---------------------------------------|----------------------------------|-----|-----|-------|-----|--|------------------------------------|-----|-----|-------|-----|--|--------------------------------|---------------------|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|--|--|---------------------|--|--|--|--|----------|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p>Deposit Account Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b></p> <p><input type="checkbox"/> Check    <input checked="" type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>Reduction by Basic Filing Fee Paid</b></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: center;">(\$ ) 40</td> </tr> </tbody> </table> | Large Entity Small Entity |          |  |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115 | 110          | 215 | 55             | Extension for reply within first month |          | 116 | 390 | 216     | 195 | Extension for reply within second month |    | 117 | 890 | 217 | 445 | Extension for reply within third month |   | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |                    | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310                       | 219 | 155 | Notice of Appeal |                 | 120      | 310      | 220      | 155      | Filing a brief in support of an appeal |     | 121 | 270 | 221 | 135                    | Request for oral hearing |     | 138 | 1,510 | 138 | 1,510                             | Petition to institute a public use proceeding |     | 140 | 110 | 240 | 55                                    | Petition to revive - unavoidable |     | 141 | 1,240 | 241 | 620  | Petition to revive - unintentional |     | 142 | 1,240 | 242 | 620  | Utility issue fee (or reissue) |                     | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>Reduction by Basic Filing Fee Paid</b> |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ ) 40 |
| Large Entity Small Entity   |   |                           |          | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Fee Code  | Fee (\$)  | Fee Code                  | Fee (\$) |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 105   | 130   | 205                       | 65       | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 127   | 50  | 227                       | 25       | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 139   | 130   | 139                       | 130      | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 147   | 2,520   | 147                       | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 112   | 920*  | 112                       | 920*     | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 113   | 1,840*  | 113                       | 1,840*   | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 115   | 110   | 215                       | 55       | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 116   | 390   | 216                       | 195      | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 117   | 890   | 217                       | 445      | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 118   | 1,390   | 218                       | 695      | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 128   | 1,890   | 228                       | 945      | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 119   | 310   | 219                       | 155      | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 120   | 310   | 220                       | 155      | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 121   | 270   | 221                       | 135      | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 138   | 1,510   | 138                       | 1,510    | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 140   | 110   | 240                       | 55       | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 141   | 1,240   | 241                       | 620      | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 142   | 1,240   | 242                       | 620      | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 143   | 440   | 243                       | 220      | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 144   | 600   | 244                       | 300      | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 122   | 130   | 122                       | 130      | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 123   | 50  | 123                       | 50       | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 126   | 240   | 126                       | 240      | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 581   | 40  | 581                       | 40       | Recording each patent assignment per property (times number of properties) | 40              |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 146   | 710   | 246                       | 355      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 149   | 710   | 249                       | 355      | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 179   | 710   | 279                       | 355      | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 169   | 900   | 169                       | 900      | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Other fee (specify) _____   |   |                           |          |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| <b>Reduction by Basic Filing Fee Paid</b>   |   |                           |          |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| <b>SUBTOTAL (3)</b>   |   |                           |          |  | (\$ ) 40        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center;">(\$ ) 710</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>47</td> <td>-20** =</td> <td>27</td> <td>X</td> <td>18</td> <td>=</td> <td>486</td> <td></td> </tr> <tr> <td>4</td> <td>-3** =</td> <td>1</td> <td>X</td> <td>80</td> <td>=</td> <td>80</td> <td></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$ ) 566</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p> | Large Entity Small Entity   |                           |          |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 710 | 201 | 355 | Utility filing fee | 710                                 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208   | 355 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |        |     |        | (\$ ) 710   | Total Claims |     | Extra Claims |     | Fee from below |  | Fee Paid |     | 47  | -20** = | 27  | X                                       | 18 | =   | 486 |     | 4   | -3** =                                 | 1 | X   | 80    | =   | 80  |   | Multiple Dependent |     |       |     |     |  |  |     | Large Entity Small Entity |     |     |                  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)                               | 103 | 18  | 203 | 9   | Claims in excess of 20 |                          | 102 | 80  | 202   | 40  | Independent claims in excess of 3 |   | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |                                  | 109 | 80  | 209   | 40  | ** Reissue independent claims over original patent |                                    | 110 | 18  | 210   | 9   | ** Reissue claims in excess of 20 and over original patent |                                | <b>SUBTOTAL (2)</b> |     |     |     |     | (\$ ) 566        |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Large Entity Small Entity   |   |                           |          | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Fee Code  | Fee (\$)  | Fee Code                  | Fee (\$) |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 101   | 710   | 201                       | 355      | Utility filing fee   | 710             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 106   | 320   | 206                       | 160      | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 107   | 490   | 207                       | 245      | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 108   | 710   | 208                       | 355      | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 114   | 150   | 214                       | 75       | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| <b>SUBTOTAL (1)</b>   |   |                           |          |  | (\$ ) 710       |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Total Claims  |   | Extra Claims              |          | Fee from below   |                 | Fee Paid        |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 47  | -20** =   | 27                        | X        | 18   | =               | 486             |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 4   | -3** =  | 1                         | X        | 80   | =               | 80              |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Multiple Dependent  |   |                           |          |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Large Entity Small Entity   |   |                           |          | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| Fee Code  | Fee (\$)  | Fee Code                  | Fee (\$) |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 103   | 18  | 203                       | 9        | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 102   | 80  | 202                       | 40       | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 104   | 270   | 204                       | 135      | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 109   | 80  | 209                       | 40       | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| 110   | 18  | 210                       | 9        | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |
| <b>SUBTOTAL (2)</b>   |   |                           |          |  | (\$ ) 566       |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |         |     |   |    |     |     |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |                           |     |     |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |          |

| SUBMITTED BY      |               | Complete (if applicable)          |              |
|-------------------|---------------|-----------------------------------|--------------|
| Name (Print/Type) | Alan W. Young | Registration No. (Attorney/Agent) | 37,970       |
| Signature         |               | Telephone                         | 650-851-7210 |
|                   |               | Date                              | 2/6/01       |

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